DOCUMENT RESUME

ED 329 891 CG 023 263

AUTHOR Louw, D. J.
TITLE Pastoral Care to the Infertile Couple.
PUB DATE Oct 90
NOTE 6p.; Paper presented at the Annual Conference for Marriage and Family Therapy (48th, Washington, DC, October 4-7, 1990).
PUB TYPE Viewpoints (Opinion/Position Papers, Essays, etc.) (120) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Biological Influences; Childlessness; Child Rearing; Counseling Techniques; Cultural Influences; Family Planning; Foreign Countries; *Pastoral Literature; *Religious Factors; *Reproduction (Biology)
IDENTIFIERS Infertility; *South Africa

ABSTRACT

This paper examines the crisis of infertility in the context of the biological or instinctual, cultural, and religious root of parenting. A therapeutic approach to the problem of infertility suggests that pastoral care should make a thorough diagnosis of the correlation between the motivation for parenting, role expectations in the social and cultural environment, and the couple's perception of God. Personal motivation, social role expectation, and deterministic conceptions regarding God and human suffering should be taken into consideration and analyzed thoroughly. Two basic assumptions are presented for the development of a therapeutic model. Thesis A promotes the notion of man being created by God as a sexual being. This thesis views sexuality from the perspective of personhood and human identity, which places sexual roles in the more comprehensive context of human identity and Christian discipleship. Thesis B provides a positive view of single life and the childless marriage as legitimate options for a full adult life. This alters the perception that marriage and having children are imperative, and they become options rather than obligations. Furthermore, it is important to view God as bending toward the infertile couple and identifying Himself with their pain, loss and grief. Couples usually view God from a deterministic perspective and are desperately in need of a consoling perspective emphasizing God's profound love for the individual in the midst of tragedy and suffering. (LLL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Daniel J. Louw
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☒ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PASTORAL CARE TO THE INFERTILE COUPLE

DJ LOUW

ED329891

To guide and sustain a couple through the crisis of infertility it is important to start with a description of infertility which encompasses the whole spectrum of the problem.

1. DEFINITION OF INFERTILITY

The American Fertility Society defines infertility as the inability to conceive a child after a year or more of regular sexual relations without contraception or the inability to carry pregnancies to a live birth. The diagnosis of infertility is made when conception does not occur after one year of sexual exposure in a couple trying to conceive a child.

The above mentioned definition is very one-sided. The problem is twofold. It concentrates on the biological and medical dimension of the problem and describes infertility as a static condition. It does not take in consideration that infertility is not so much a static state than an existential crisis that is not only confined to the physical or psychological dimensions of the human being, but to the total sphere of a person's life. Although infertility generally originates from a physical cause it can be described as a relational problem spreading to all dimensions of life. Infertility has a seismic effect insofar as it reverberates through all the relationships of the individual and couple. It is therefore important to define infertility as a dynamic state of being affecting a couple's self-esteem identity and search for meaning in life. "It characteristically unfolds to a couple in gradual fashion, over a period of time" (BE Menning 1977:16).

Through infertility the relationships may become contaminated and many couples, experiencing themselves as infertile beings, view their relationships to the social environment as stigmatised and feel that there existence is meaningless (AJ Anthonissen 1989:17).

2. CONTEXT OF THE PROBLEM

The crisis of infertility is very closely intertwined with the primary motivation for parenting and the correlation between a couple's marriage identity and their longing for a child. It is therefore of paramount importance to bear in mind that parenting portrays the background for a couple's reaction to the problem of infertility. It could be argued that the primary motivation for parenting plays a decisive role whether a couple deals with the problem in a constructive manner or not.

The wish to have a child is a multi-dimensional one. The ultimate decision to have a child is determined by a large number of factors that operate in a cumulative and interactive way throughout a person's course of

CG023263

life. In order to clarify the context of the infertility crisis the roots of parenting can be reduced to the following three: the biological or instinctual root of parenting; the cultural root of parenting and the religious root of parenting.

2.1 The biological root of parenting

The notion that the desire for a child is biologically determined, is popular and widespread amongst couples. The most common ideology is that there exists a reproductive drive, a maternal or even paternal instinct, and that people therefore have children because it is "natural" for them to do so.

The effect of such a notion on infertility is that the couple interprets their problem in a very fatalistic manner. They experience themselves as "unnatural". Infertility then becomes a problem merely connected with reproduction and natural drives; a blocked and disturbed instinct. This causes severe feelings of helplessness, frustration and even sublimed anger.

2.2 The cultural root of parenting

A biological root for the desire to have children cannot be totally denied. Yet it is clear that a complex of motives play a role (RD Hughes 1980:146). Gradually there is a growing consensus amongst researchers that the cultural aspect is actually the most dominant one.

It is undeniable that there exists powerful social pressure on people to marry and have children. The desire for parenting seems therefore to be primarily a product of the general cultural expectations included under the rubric of "pronatalism" (JE Veevers 1980:10-11). It is clear that the existence of pronatalistic norms, which advocate that married persons should have and want children is inevitable in almost all societies.

The influence of the pronatalistic approach in society on the couple, is that infertility is experienced as a stigma. The infertile couple feels stigmatised and excluded from their cultural and social environment, indirectly dominated by the assumption that all married couples should have children and that a "normal" married couple should wish to have them. Stigmatisation then becomes the cause of the deepening of the communication gap between the couple and their immediate social environment.

2.3 The religious roots of parenting

Procreation is viewed by die church as a command from God. It is therefore a vocation for every married couple to have children. God has advised man and wife to have children. Children is accepted as a special bestowal or blessing from God. This notion results automatically in the view that the infertile couple is excluded from God's covenantal blessing.

The result of this meganistic interpretation of the religious cause for infertiity, is that infertility is seen as a curse. The wrath of God becomes a predominant concept in the couple's perception of their faith relationship with God. Living with infertility is then experienced as being deserted by God.

The overall effect of the religious root for parenting where God's blessing is viewed in a deterministic manner, is that it produces estrangement from God and generates severe feelings of guilt. Divine providence then becomes a devasting fate while the couple experiences intense feelings of meaninglessness. They feel stigmatised not only by themselves and society, but also by God. This feeling of being rejected

questions in the long run the meaningfuless of prayer. It also influences faith and undermines the notion of God's loving kindness and care. This leads to doubt, despair and impatience with God.

3. A THERAPEUTIC APPROACH TO THE PROBLEM OF INFERTILITY

Pastoral care to the infertile couple should make a thorough diagnosis of the correlation between the motivation for parenting, role expectations in the social and cultural environment and the couple's perception of God. Personal motivation, social role expectation and deterministic conceptions regarding God and human suffering should be taken into consideration and analysed thoroughly.

However to reckon with the above mentioned context of the problem is not enough. Infertility is not only a problem rooted in parenting. Deeper than that lurks the problem of sexuality which touches a very sensitive area: the marriage relationship. Infertility concerns sexuality and sexuality is a key factor in the male-female interaction.

The influence of infertility on the marriage relationship is that the relationship itself becomes infertile. Infertility then effects the existing expectations and symbols for male and female.

In the traditional male-female relationship, the male is viewed as the dominant and aggressive factor. Often the female is reduced to a passive role and caring vocation. The only role and identity becomes the bodily role of motherhood and her only space of existence the home and family. This view excluded the male from the parenting role, and had a direct influence on the order of husband and wife in marriage, leading to the wife being placed on a lower hierarchical level because of her synonymity with the lower functions. This vicious circle extended to the purpose of marriage by placing emphasis on the sole function of procreation.

It is my conviction that in order to develop a pastoral approach which addresses the infertility crisis in a constructive manner, pastoral care should start with the following assumptions, trying to develop a therapeutic model.

THESIS A. Up to now sexuality is viewed in the shadows of marriage, parenting and family. The implication is that a person is a sexual being only in a male-female relationship. The notion of man being created by God as a sexual human being, is a correction on the above mentioned traditional view. Personhood is more fundamental to humanity than sexuality (male and female), marriage (husband and wife) and parenting (father and mother).

Our conviction that sexuality viewed from the perspective of personhood and human identity, creates the opportunity for the infertile couple to make a reassessment of their sexual identity. Viewing sexual identity and sexual roles from the dimensions of creation, humanity and redemption, leads to the assumption that identity must be looked at from the perspective of human personhood and the theme of vocation. Sexual roles are then placed in the more comprehensive context of human identity and christian discipleship.

THESIS B. A theological reflection on human parenting should view marriage, parenting and family in the light of sexuality and not vice versa. This provides a positive view on single life and the childless marriage as legitimate options for a full adult life. This alters the perception that marriage and having children are imperative and they become responsable options rather than absolute obligations.

Sexuality should not be assessed apart from the infertile couple's relationship with God. It is my conviction that a negative perception of God as being the cause of human suffering, is often the reason why the couple experiences severe aggression against God. It is obvious that the crisis of identity and the problem of theodicy are intimately related. Therefore it is important for theology to address the problem of theodicy by the concept of the pathetic God and his tender Fatherhood; this is the God who bends towards the infertile and identifies Himself with their pain loss and grief.

The choice for a consoling perspective to that of an deterministic perspective, is of vital importance in pastoral care. This theme of God's loving care, stressing a consoling attitude in pastoral care, is a stimulating option in a research where a theistic deterministic perception of theodicy is so prevalent amongst infertile couples dealt with in pastoral work. Couples usually view God from a deterministic perspective and are desperately in need of a consoling perspective emphasising God's profound love for the individual in the midst of tragedy and suffering

BIBLIOGRAPHY

ANDERSON RS, GUERNSEY DB 1985. *On being family. A social theology on the family*. Grand Rapids: Eerdmans.

ANTHONISSEN JA 1989. *Pastoral care to the infertile couple*. Dissertation: University of Stellenbosch.

BASSET WT 1963. *Counselling the childless couple*. Englewood Cliffs: Prentice-Hall.

FOX GL 1982. *The childbearing decision. Fertility attitudes and behaviour*. Beverley Hills: Sage Publications.

HARRISON M 1977. *Infertility. A couple's guide to causes and treatments*. Boston: Houghton Mifflin Co.

HUGHES RD 1980. *Towards a theology of parenthood: the place of procreation among the ends of Christian marriage*. University Microfilms International: Michigan.

KAPTEIN R 1973. *Het huwelijk zonder kinderen*. Kampen: Kok.

MAZOR M, SIMONS HF 1984: *Infertility. Medical, emotional and social considerations*. New York: Human Sciences Press.

MENNING EB 1977. *Infertility. A guide for the childless couple*. New Jersey: Prentice-Hall.

NELSON JB 1978. *Enbodiment. An approach to sexuality and christian theology*. Minneapolis: Augsburg Publishing House.

PECK E, SENDEROWITZ J 1974. *Pronatalism: the myth of man and apple pie*. New York: Thomas Y Crowell.

PHILIPP EE 1975. *Childlessness. Its causes and what to do about them*. London: Hutchinson.

SAPP S 1977. *Sexuality, the Bible and Science*. Philadelphia, Fortress Press.

VEEVERS JE 1980. *Childless by choice*. Butterworth: Toronto.